	Best	Available Cop	y	
St SE SCIENT	PART PART	BISSUE FEE T	RANSMITTAL WEGENVED	_
Complete and mail that formed	gether with applicable fees, to		nissioner for Patents $JUL3012001$	8
A THE			PITNEY, HARDHI, KIPP & SZUCH LLP	7
MAILING INSTRUCTION This form through 4 should be completed where a Receipt, the Patent, advance orders as correspondence address as indicated specifying a new correspondence ad	appropriate. All further correspond nd notification of maintenance fee: unless corrected below or directe	ence including the Issu will be mailed to the c d otherwise in Block 1.	e Fee mailings of the issue Fee Transmittal. This certificate cannot be used for any other addompanying papers. Each additional paper, such as an additional paper, such as an additional paper.	į
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (I	Note: 1 arithumarkum with any connetions	or use Disab ()	Certificate of Mailing	
KANE, DALSIMER	,SULLIVAN,KURUCZ ND RICHARD,LLP		I hereby certify that this issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the date indicated below.	3
NEW YORK NY 1			Michelle Henry	
The Total Control of the Control of		•	Michelle Hennessy (Depositors from	10)
			Section 26 2003	
APPLICATION NO.	FILING DATE TO	AL CLAIMS	September 26, 2001 (Day) EXAMINER AND GROUP ART UNE 26 07 PARE MOUTO	
09/133,856	08/13/98 1003	BRITTA	N 55 26 01 72 8 7 8 1	
First Named JOHNSON,		5 USC 154(o) term ext. = 0 Days.	
TILE OF ASTENER ASSEM	DLT, THOTEREN IT	PE MATERIA		
NVENTIONAPE MATERIAL,	AND METHOD OF	HANUFACTURE	THEREOF	
	MATERIAL, BAG U'MANUFACTURE THE		STENER TAPE MATERIAL,	
ATTY'S DOCKET NO.		CH NO APPLY T	PFT SMALLENSTTY \$6555 DUR 100000000	
1 10172-9013-X	(1) i \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J67 UT	PFTY SMALLERSTTY \$6.555 PERO 1.0042169461	
1 10172-9013-X	024=585 · 120 0 / / // or indication of "Fee Address" (37 CF	R 1.363). 2. For pri	riting on the patient front page, list mess of up to 3 registered patient. Pitney, Hardin,	
1 10172-9013-X	or indication of " Fee Address" (37 CF imber are recommended, but not recommended.	R 1.363). 2. Forpri (1) the name attorneys the name	nting on the patent front page, list Pitnov Handin	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu	or indication of "Fee Address" (37 CF amber are recommended, but not recommended as (or Change of Correspondence Address)	R 1.363). 2. For printing attorneys the name members attached.	ntling on the patent front page, list imes of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) ames of up to 2 registered patent	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "Fee Address")	or indication of "Fee Address" (37 CF imber are recommended, but not recision of Correspondence Address" Indication form PTO/SB/47)	R 1.363). If I are a stronger and the name will attached. ATENT (print or type)	riting on the patient front page, list times of up to 3 registered patent or agents OR, atternatively, (2) of a single firm (having as a a registered attorney or agent) arms of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission)	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). In the national strong attorneys and the national attached. ATENT (print or type) Will appear on the pater an oreviously submitted	ntling on the patent front page, list imes of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks):	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. The Address indication (or "Fee Address" indication (or "Fee Addre	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). In the national strong attorneys and the national attached. ATENT (print or type) Will appear on the pater an oreviously submitted	ntling on the patent front page, list imes of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks):	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. Gree Address* indication (or "Fee Address* indication (or "F	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). In the national strong attorneys and the national attached. ATENT (print or type) Will appear on the pater an oreviously submitted	riting on the patient front page, list imes of up to 3 registered patient or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) asset of up to 2 registered patient or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patients and Trademarks): **Registered** **A. The following fees are enclosed (make check payable to Commission or Registered patients): **Registered attorney or agent) **A. The following fees are enclosed (make check payable to Commission or Registered patients): **Registered patient 1	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. Gree Address* indication (or "Fee Address* indication (or "F	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). If I	riting on the patient front page, list imes of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) assort up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): **Registered** 4b. The following fees or deficiency in these fees should be charged to: **DEPOSIT ACCOUNT NUMBER**	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. Gree Address* indication (or "Fee Address* indication (or "F	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). If I	ntling on the patent front page, list times of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): XMSsue Fee XMAdvance Order - # of Copies 4b. The following fees or deficiency in these fees should be charged to:	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. The Address' indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address" indication (or "Fee Ad	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). If 1.36	At The following fees are enclosed (make check payable to Commission of Patents and Trademarks): At The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Interest of up to 2 registered patent or agents. If no name is listed, no be printed. 3 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): XNA dvance Order - # of Copies DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee Advance Order - # of Copies	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. The Address' indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address" indication (or "Fee Ad	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). If the name of the name will appear on the pater or previously submitted orm is NOT a substitue of the pater opply the Issue Fee to the	nting on the patent front page, list times of up to 3 registered patent or agents OR, alternatively, (2) of a single film (having as a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): **The following fees are enclosed (make check payable to Commission of Patents and Trademarks): **The following fees are enclosed (make check payable to Commission of Patents and Trademarks): **The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee	
1. Change of correspondence address of Use of PTO form(s) and Customer No. Change of correspondence address PTO/SB/122) attached. The Address indication (or "Fee Addres	or indication of "Fee Address" (37 CF amber are recommended, but not rec	R 1.363). If a	At. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees or deficiency in these fees should be charged to DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. The Address' indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address indication (or "Fee Address" indication (or "Fee Ad	or indication of "Fee Address" (37 CF imber are recommended, but not rec	R 1.363). In the name of the	At. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees are enclosed (make check payable to Commission or Patents and Trademarks): Ab. The following fees or deficiency in these fees should be charged to DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee	
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Grange of correspondence address PTO/SB/122) attached. The Address* indication (or "Fee Address Note: Unless an assignee Inclusion of assignee data is only applied the PTO or is being submitted under filting an assignment. (A) NAME OF ASSIGNEE Illinois Tool (B) RESIDENCE: (CITY & STATE OF Glenview, Illi Please check the appropriate assignee individual Margoration or control of the COMMISSIONER OF PATENTS AN (Authorized Signature) Geral	or indication of "Fee Address" (37 CF imber are recommended, but not recommended by the recommended by	R 1.363). If I	Inting on the patient front page, list mes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a a registered attorney or agent) areas of up to 2 registered patent or agents. If no name is listed, no be printed. 4a. The following fees are enclosed (make check payable to Commission of Patients and Trademarks): **Rhissue Fee** DEPOSIT ACCOUNT NUMBER** (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee** Advance Order - # of Copies** application identified above. 10/01/2001 MBIZUNE2 00000182 09133856 01 FC:142	